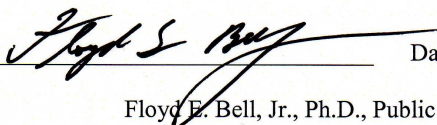




**SC Region 3
Medical Reserve Corps (MRC)**

**Operations and Management
Plan**

February 2008

Signed:  Date: 1/31/08
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South Carolina Department of Health and Environmental Control
Region 3

Serving Chester, Fairfield, Lancaster, Lexington, Newberry, Richland and York Counties
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I. INTRODUCTION

A. General.

1. The South Carolina Region 3 Medical Reserve Corps (MRC) is a locally-based, region-wide medical-personnel resource whose purpose is to augment, assist and support the existing medical and public health systems during disasters and public health emergencies.
2. The South Carolina Region 3 Medical Reserve Corps is an asset of South Carolina Department of Health and Environmental Control (DHEC) Region 3 Office of Public Health Preparedness. SC DHEC Region 3 is composed of Chester, Fairfield, Lancaster, Lexington, Newberry, Richland, and York counties covering approximately 4,590 square miles. According to the 2006 census the estimated overall population of the Region is 945,496.

B. Specific.

1. The SC Region 3 MRC Operations and Management Plan describes the organization of the MRC.
2. This plan describes the procedures for (1) activation and notification of volunteers (2) organization and concepts of operation and (3) training and credentialing of volunteers.
3. This plan utilizes the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) concept of credentialing and verifying licensure through the South Carolina Statewide Emergency Registry of Volunteers (SCSERV).
4. This plan supports the National Incident Management System (NIMS) and Incident Command which is a nationwide template enabling federal, state, local, and tribal governments and private sector and nongovernmental organizations to work together effectively and efficiently to prevent, prepare for, respond to, and recover from domestic incidents regardless of cause, size, or complexity.

C. Mission.

SC Region 3 MRC has a five-fold mission:

1. Organize and train healthcare professionals and non-medical volunteers to respond to the specific needs for the community, thereby enhancing local emergency response efforts, especially to large-scale emergencies;

2. Provide reserve capacity at the community level to respond to local public and community health needs and priorities;
3. Create a framework to match both medical and non-medical volunteer skills with community health needs;
4. Draw a wide variety of local people into volunteer medical services;
5. Maintain volunteer credentials, contact information, and other relevant information in a database, so that during times of critical need, the volunteer may be rapidly deployed to assist community response.

II. SITUATION AND ASSUMPTIONS

A. Situation.

1. Historically, medical personnel spontaneously volunteer to assist in emergencies or disasters. Spontaneous volunteers may not be familiar with the organization and structure of the existing local emergency response system and, therefore, may not be as effective and efficient in the provision of emergency medical services as members of organized response groups. Additionally, well-qualified medical professionals may not be put to their best use when they spontaneously volunteer for lack of verification of licensure or qualifications.
2. Local public health agencies do not have adequate staffing to execute large-scale mass immunization/ prophylaxis operations or to meet needs associated with medical surge and will need assistance from volunteer medical and other personnel in these and other public health operations.

B. Assumptions.

1. Emergencies, especially those that are large scale, will require medical response operations in difficult environments for extended periods of time.
2. SC Region 3 MRC volunteers can expect to operate in situations where shortages or other limitations occur due to emergency circumstances.
3. SC Region 3 MRC volunteers will receive training in the Incident Command System (ICS), National Incident Management Systems (NIMS), and health-specific activities to prepare them to adequately respond.

4. Area hospitals, emergency and health services organizations, public health agencies, and other health groups will be made aware of the capabilities of the MRC and may request MRC assistance in emergencies and non-emergency situations to support local health activities.
5. In a large-scale mass casualty event, area hospitals will become quickly overwhelmed and will have trouble sustaining services to minimize the loss of life. Due to the potential delay in treatment at local hospitals, patients may need to be properly triaged, periodically assessed and receive life-saving care at the scene of an emergency event. The SC Region 3 Medical Reserve Corps will be able to assist with field medical operations as well as offsite surge facilities or alternate care sites.

III. CONCEPT OF OPERATIONS

A. General.

1. The SC Region 3 MRC is a local resource. The MRC normally responds to emergencies in the local area or county of South Carolina; however, the local MRC may be asked to deploy to other stricken areas in South Carolina according to availability.
2. MRC personnel are volunteers and do not receive compensation.
3. The SC Region 3 MRC will serve as a local resource, augmenting, assisting and supporting the existing medical and public health systems in emergencies and disasters, as well as supporting local health programs such as health fairs, providing first aid assistance for local events, and supporting other health-related activities.
4. The MRC is an “all-hazards” resource, i.e., the MRC personnel and resources may be utilized in any type of emergency including natural or technological disasters or acts of terrorism. MRC personnel will only be used in functional areas or given assignments for which they are properly trained and equipped.
5. The SC Region 3 MRC may be activated in large-scale, complex emergencies involving multiple jurisdictions and interagency operations. The MRC personnel and resources may also be activated in smaller incidents involving a single jurisdiction or agency.

6. MRC personnel and resources may be assigned to area hospitals, public health agencies, or mass care facilities (PODs, shelters) to augment and assist the staff of these healthcare facilities.

B. Command and Control.

1. The South Carolina Region 3 Medical Reserve Corps will operate using the Incident Command System (ICS). The use of this command system allows the local MRC to be readily integrated into the emergency response system used by local emergency management agencies throughout the State.
2. The SC Region 3 MRC is under the direct supervision of the South Carolina Department of Health and Environmental Control Region 3 Office of Public Health Preparedness.
3. Volunteers are considered DHEC volunteers upon activation. Volunteers are to operate within the Incident Command System at the site of their assignment regardless of location i.e. Distribution or Points of Dispensing (POD) sites, or alternate care site. Each site will have a representative present for volunteer supervision and support. The representative present at the site is responsible for reporting through the Region 3 Unified Medical Command (UMC). The designee is also responsible for obtaining a hard copy of any forms signed by volunteers during activation or recovery. These hard copies are to be delivered to the Region 3 MRC Volunteer Coordinator or designee upon completion of shift.

C. Activation.

1. As a state wide or national emergency medical resource, the MRC may be activated at the request of the South Carolina Department of Health and Environmental Control (SCDHEC) – Office of Public Health Preparedness by the State MRC Coordinator through the Emergency Support Function (ESF) – 8 at the State Emergency Operations Center (SEOC).
2. The SC Region 3 MRC may be activated by the South Carolina Department of Health and Environmental Control (SCDHEC) Region 3 -- Office of Public Health Preparedness at the request of the County Emergency Operations Center (EOC) through Emergency Support Function (ESF) – 8 to the County Health Supervisor (CHS). The CHS will request the MRC through the Incident Command Center (ICC).

3. As a regional public health initiative resource, the SC Region 3 MRC may be activated by request through the Unified Medical Command (UMC).
4. As a regional emergency medical resource, the SC Region 3 MRC may be activated by request from any Region 3 hospital through the Unified Medical Command (UMC).
5. As a community public health initiative resource, the MRC may be activated by the Region 3 MRC Volunteer Coordinator.

D. Activation Procedures.

1. When requesting the activation of the MRC, the coordinator should be provided with the following information: (1) the nature and scope of the event, (2) the location of the event, (3) the anticipated activities to be performed, (4) the staging area(s) or location(s) to which the local MRC should report, (5) specific medical skills and/or resources needed, i.e., physicians, nurses, social workers, etc., and (6) contact information.
2. The Region 3 MRC Volunteer Coordinator will develop a list of needed volunteers and contact them by phone using the Health Alert Network (HAN) on which the ESAR-VHP (SCSERV) system is built. Local MRC personnel will assemble at pre-designated locations and prepare for deployment. It may be necessary for elements of the MRC or volunteers with specialized skills to deploy in support of emergency medical response efforts, rather than the entire MRC.
3. When local MRC volunteers are deployed, they will check-in with the appropriate staging area manager as instructed by the coordinator. MRC personnel will be integrated into the response plan and assigned to a specific duty location.

E. Staging Area.

1. The Staging Area will serve as a central location for all MRC volunteers to:
 - a) Assemble and sign in
 - b) Be briefed on incident/deployment activities
 - c) Receive assignments and/or job action sheets
 - d) Provide “just in time” training related to incident/deployment

- e) Receive equipment, supplies, security badges, MRC vests, etc.
 - f) Provided additional instructions regarding mobilization/ demobilization procedures
 - g) Assemble post-event or post-shift to sign out
2. The exact location of the staging area will be dependent upon the incident areas impacted by the events; the staging area should be large enough to accommodate the needs of the MRC in processing MRC volunteers.
 3. In some incidents, transportation may be provided from the staging area to the field assignments to avoid traffic and congestion at the incident site.
 4. In emergency medical operations, SC Region 3 MRC personnel may be deployed to a hospital or other healthcare facility, or to any other location where their services are needed.
 5. Once on scene, SC Region 3 volunteers will check in with the appropriate officials and MRC personnel will be integrated into the emergency medical response effort.

F. Field Medical Operations.

The SC Region 3 MRC volunteers may be asked to respond to many types of emergencies and disasters. Such events may include tornadoes, floods, bioterrorist events, naturally-occurring diseases, and other public health threats and emergencies, as well as health fairs, first aid assistance for local events, and other health-related activities. The MRC will normally act as support for existing medical infrastructures and be integrated into the emergency medical response system, to the extent of their training and capabilities.

G. Public Health Operations/ Mass Immunizations and Prophylaxis.

1. For mass immunization or preventive health care operations conducted by the South Carolina Department of Health and Environmental Control- Office of Public Health Preparedness, volunteer medical personnel may be needed to augment the public health staff in administering vaccines, handling patient education, screening patients, maintaining medical records, emergency medical response to potential vaccine reactions, and other activities that must be conducted in support of direct medical activities. MRC personnel are ideally suited

for these kinds of operations due to background experience and expertise.

2. In operations involving the deployment of the Strategic National Stockpile (SNS), SC Region 3 MRC volunteers may augment or assist the South Carolina Department of Health and Environmental Control - Office of Public Health Preparedness. In the event of an SNS deployment, MRC personnel will assist as directed by the South Carolina Department of Health and Environmental Control and the Region 3 Unified Medical Command.
3. Depending on their availability, the SC Region 3 MRC may support and assist local public health agencies in other emergency operations such as behavioral health. No MRC member will be assigned a task for which they have not been properly trained and equipped.

H. Hospital Operations.

1. MRC personnel shall be integrated into the hospital emergency medical organizations. MRC personnel, depending on their specialty, will be used in a variety of assignments, from triaging patients in an emergency department to crisis counseling of victims and their families. Those volunteers who specialize in mental and behavioral health may be asked to participate in behavioral health and psychosocial teams. These teams will assist victims and volunteers in coping with any mental and/or emotional stresses that occur during a disaster or emergency.
2. The South Carolina Region 3 Medical Reserve Corps normally will not act as a free-standing medical resource at incident scenes. Rather, personnel shall be integrated into the existing healthcare response system and, to the extent of their training and capabilities, provide medical assistance as needed.
3. If assigned to a local hospital through the UMC, MRC volunteers will receive assignment from the Hospital Incident Command System of which they are incorporated.
4. SC Region 3 MRC personnel will be considered DHEC volunteers for the purpose of insurance and will still be covered under DHEC liability.
5. The MRC volunteer will report to the MRC Strike Team Leader or designee at the hospital staging area upon arrival to receive incident update and assignment.

I. Recovery.

1. SC Region 3 MRC personnel will support emergency medical, public health, behavioral health or hospital operations for the duration of the incident or as long as their assistance is required or until relieved. It is possible that some MRC personnel and resources are demobilized or relieved before other MRC members are demobilized. All members must continue to work until assignments are completed or until they are relieved.
2. MRC personnel will demobilize or be relieved in accordance with the incident demobilization plan and following supervisor instructions.
3. When demobilizing or after relief, MRC personnel will ensure that all assigned activities are completed and determine whether additional assistance is required.
4. The MRC Region 3 Volunteer Coordinator will confer with the Incident Commander (or similar official if operating within a hospital or public health agency setting) to determine whether additional MRC assistance is required.
5. MRC personnel will account for unit equipment and clean up any debris or trash associated with unit assignments. MRC members are also responsible for returning any equipment that may have been borrowed or used.

IV. MRC ORGANIZATION AND COMPOSITION

A. Composition.

1. Steering Committee:
 - a) Steering Committee will consist of various stakeholders from various healthcare organizations, community members, volunteer service agencies, and other key agencies designed to provide services to the community.
 - b) The purpose of the Steering Committee is to provide the Region 3 MRC Volunteer Coordinator with input and to support the review process for the MRC operations and activities including:
 - i. Clarify the vision, mission, and roles of the MRC

- ii. Review and propose policies that facilitate the purpose of the MRC
 - iii. Review and propose plans that respond to the needs of the Region and maximize resources
 - iv. Represent the interest of the Steering Committee and affiliated organizations in meeting the needs of the community
2. Region 3 MRC Volunteer Coordinator:
- a) The SC Region 3 MRC Coordinator's office is located at the Richland County Health Department in Columbia, South Carolina. The Coordinator is expected to ensure ongoing progress toward the mission and purpose by:
 - i. Providing day to day operations management of the MRC
 - ii. Develop policies and procedures for the operations of the MRC
 - iii. Organize and facilitate meetings, processes, and decisions
 - iv. Represent the SC Region 3 MRC interest in the community
 - v. Continue to recruit volunteers for the unit
 - vi. Document training completed by individual volunteers
 - vii. Report the progress of the MRC to various organizations
3. Volunteers:
- a) SC Region 3 MRC volunteers will go through a series of background checks to determine if they are suitable to volunteer with the MRC. Credentialing and licensure will be verified through the SCSERV database by utilizing the ESAR-VHP program.
 - b) Membership in the SC Region 3 MRC is open to anyone with the desire to serve the community. Although the focus of the Medical Reserve Corps is on emergency medical operations and public health activities, healthcare experience is not a pre-requisite for service with the unit. Non-medical volunteers will be used in

administration, logistics, and other essential support functions. There are three categories of membership in the MRC.

i. Active Volunteers are those who have:

1. Completed all core training programs as proposed by Region 3 MRC Volunteer Coordinator and Steering Committee
2. Attended a minimum of one MRC meeting and one training session per year
3. Participated in both public health initiatives, and emergencies alike
4. Taken on leadership roles and guided the operation of the MRC
5. Provided current medical licensure or certification in profession (for licensed professionals only)
6. Had all background information verified for non-medical volunteers

ii. Associate Volunteers

1. Associate members are those individuals (both medical and non-medical) who have not satisfied the requirements for active membership. Associate members shall become active members once these requirements are met. Associate members may participate in all MRC non emergency activities (health fairs, meetings, trainings, etc.) except actual emergency medical response operations (natural disaster response, terrorist attacks, etc.) unless authorized by the Region 3 MRC Volunteer Coordinator.

iii. Occasional-Service Volunteers

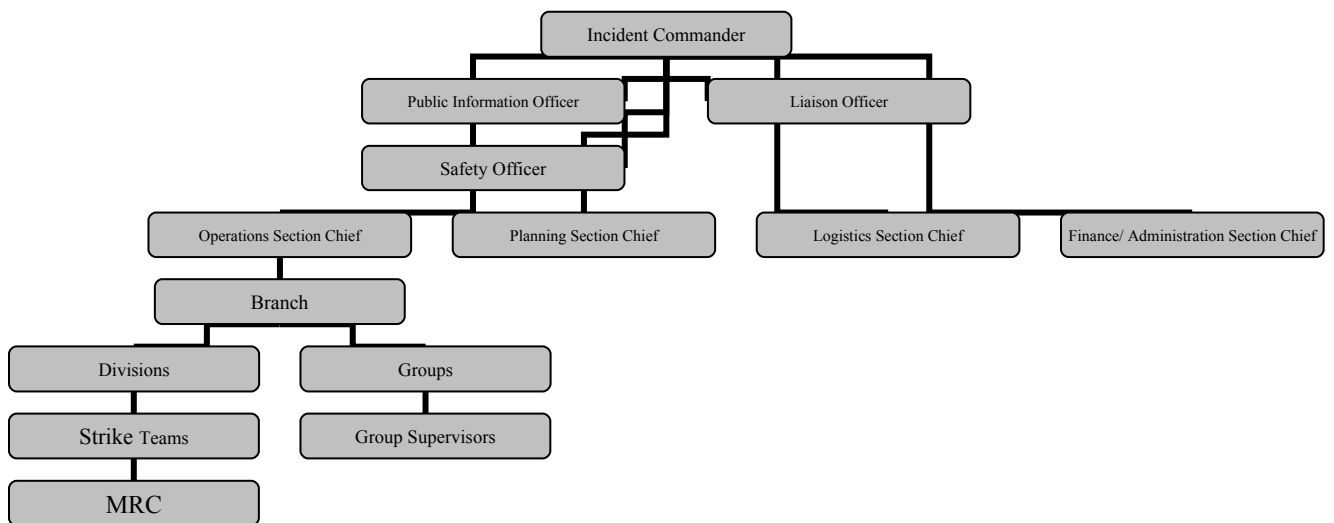
1. Occasional-Service Volunteers are mainly medical volunteers who are registered in South Carolina Statewide Emergency Registry of Volunteers (SCSERV) and choose to respond to emergencies only. These volunteers will join the MRC and receive the minimal emergency response training, in order to qualify as a volunteer in episodic emergencies.

B. Organization.

1. At the State level, the DHEC Director of Emergency Management, Office of Public Health Preparedness, will be the leader of ESF-8 (Health and Medical Services) response and recovery efforts. Representatives from Environmental Quality Control (EQC) will be lead for ESF-10 (Hazardous Materials) response and recovery efforts. Upon activation, both ESFs will be staffed at the State Emergency Operations Center (SEOC). These ESF representatives will coordinate response and recovery efforts through the Regional Incident Command Centers and County Emergency Operations Centers.
2. DHEC Region 3 has adopted the National Incident Management System and Incident Command System and function under Unified Medical Command. The pre-delegated authority will assume command when the primary decision maker is deceased, incapacitated or absent at the time of the emergency. The major functions of the regional command system are set follows:
 - a. Incident Commander – Region 3 Public Health Director
2nd shift – Environmental Health Director
 - b. Public Information Officer (PIO) – Region 3 Public Information Officer
2nd shift – Health Educator II
 - c. Safety Officer – Region 3 Medical Director
2nd shift – Disease Surveillance Response Coordinator (DSRC)
 - d. Liaison Officer (LNO) – SNS/MMRS Coordinator
2nd shift – CRI Coordinator
 - e. Operations Section Chief – Region 3 Director of Nursing
2nd shift – Program Nurse Manager
 - f. Planning Section Chief – Region 3 Public Health Preparedness Director
2nd shift – Pandemic Influenza Coordinator
 - g. Logistics Section Chief – Region 3 Administrator
2nd shift – Business Manager
 - h. Finance/Admin Section Chief – Region 3 Administrator
2nd shift – Business Manager

***Region 3 Incident Command System**

*Information taken from and modified from the ICS-300: Intermediate ICS for Expanding Incidents,
EMI Course Number: G300, Student Manual, September 2005



South Carolina Region 3 Medical Reserve Corps

*ICS Position Descriptions

*Information taken from and modified from the ICS-300: Intermediate ICS for Expanding Incidents,
EMI Course Number: G300, Student Manual, September 2005

1. Region 3 Incident Commander – The Region 3 Incident Commander is technically not a part of either the General or Command staff. The Region 3 Incident Commander manages the organization of the IC System and not the incident. He/She is responsible for:
 - a. Ensuring clear authority and knowledge of agency policy.
 - b. Ensuring incident safety.
 - c. For Region 3, establishing an Incident Command Center (ICC).
 - d. Obtaining a briefing from appropriate Unified Medical Command (UMC) members and assessing the situation.
 - e. Establishing immediate priorities.
 - f. Determining incident objectives and strategy(ies) to be followed.
 - g. Establishing the level of organization needed, and continuously monitoring the operation and effectiveness of that organization.
 - h. Managing planning meetings as required.
 - i. Approving and implementing the Incident Action Plan (IAP).
 - j. Coordinating the activities of the Command and General Staff.
 - k. Approving requests for additional resources or for the release of resources.
 - l. Approving the use of students, volunteers, and auxiliary personnel.
 - m. Authorizing the release of information to the news media.
 - n. Facilitate Unified Medical Command.
 - o. Ordering demobilization of the incident when appropriate.
 - p. Ensuring incident After-Action Reports (AARs) are complete.
2. Public Information Officer – The PIO is responsible for interfacing with the public and media and/or with other agencies with incident-related complete information requirements. The PIO develops accurate and information on the incident's cause, size, and current situation; resources committed; and other matters of general interest for both internal and external consumption. The PIO may also perform a key public information-monitoring role.

Only one incident PIO should be designated. Assistants may be assigned from other agencies or departments involved. The Region 3 Incident Commander must approve the release of all incident-related information. The PIO coordinates through the Joint Information Center (JIC)/Joint Information System (JIS).
3. Liaison Officer – The LNO is the point of contact for representatives of other governmental agencies, nongovernmental organizations, and/or private entities. In either a single or Unified Command structure,

organizations, representatives of their parent organizations, appropriate representatives from other agencies or organizations (public or private) involved in incident management activities may be assigned to the LNO to facilitate coordination.

4. Assistants – In the context of large or complex incidents, Command Staff members may need one or more assistants to help manage their workloads. Each Command Staff member is responsible for organizing his or her assistants for maximum efficiency.

5. Additional Command Staff – Additional Command Staff positions may also be necessary depending on the nature and location(s) of the incident, and/or specific requirements established by the Region 3 Incident Commander. For example, Legal Counsel may be assigned directly to the Command Staff to advise the Region 3 Incident Commander on legal matters, such as emergency proclamations, legality of evacuation orders, and legal rights and restrictions pertaining to media access. Similarly, a medical Advisor may be designated and assigned directly to the Command Staff to provide advice and recommendations to the Region 3 Incident Commander in the context of incidents involving medical and mental health services, mass casualty, acute care, vector control, epidemiology, and/or mass prophylaxis considerations, particularly in the response to a bioterrorism event.

6. Operations Section Chief – The Operations Section Chief is responsible for managing all tactical operations from the Region 3 ICC. The Incident Action Plan provides the necessary guidance. The need to expand the Operations Section is generally dictated by the number of tactical resources involved and is influenced by span of control considerations.

Major responsibilities of the Operations Section Chief are to:

- a. Manage tactical operations.
- b. Assist in the development of the operations portion of the Incident Action Plan.
- c. Supervise the execution of the operations portion of the Incident Action Plan.
- d. Maintain close contact with subordinate positions.
- e. Ensure safe tactical operations.
- f. Request additional resources to support tactical operations.

- g. Approve release of resources from active assignments (not release from the incident).
- h. Make or approve expedient changes to the operations portion of the Incident Action Plan.
- i. Maintain close communication with the Region 3 Incident Commander.

7. Planning Section Chief – The Planning Section Chief is responsible for providing planning services for the incident. Under the direction of the Planning Section Chief, the Planning Section collects situation and resources status information, evaluates it, and processes the information for use in developing action plans. Dissemination of information can be in the form of the Incident Action Plan, formal briefings, or through map and status board displays.

Major responsibilities of the Planning Section Chief are to:

- a. Collect and manage all incident-relevant operational data.
- b. Provide input to the Region 3 Incident Commander and Operations Section Chief for use in preparing the Incident Action Plan.
- c. Supervise preparation of the Incident Action Plan.
- d. Conduct and facilitate planning meetings.
- e. Reassign personnel already on site to ICS organizational positions as needed and appropriate.
- f. Establish information requirements and reporting schedules for Planning Section units.
- g. Determine the need for specialized resources to support the incident.
- h. Assemble information on alternative strategies and contingency plans.
- i. Provide periodic predictions on incident potential.
- j. Report any significant changes in incident status.
- k. Compile and display incident status information.
- l. Oversee preparation of the Demobilization Plan.
- m. Incorporate Traffic, Medical, Communications Plans, and other supporting material into the Incident Action Plan.

8. Logistics Section Chief – The Logistics Section Chief provides all incident support needs.

The Logistics Section is responsible for providing:

- a. Facilities
- b. Transportation
- c. Communications
- d. Supplies

- e. Equipment maintenance and fueling
- f. Food services

Major responsibilities of the Logistics Section Chief are to:

- a. Manage all incident logistics.
- b. Provide logistical input to the Region 3 Incident Commander in preparing the Incident Action Plan.
- c. Brief Logistics Branch Directors and Unit Leaders as needed.
- d. Identify anticipated and known incident service and support requirements.
- e. Request/order additional resources, as needed.
- f. Develop as required, the Communications and Traffic Plans.
- g. Oversee demobilization of the Logistics Section.

- an
Section.
finance services
9. Finance/Administration Section Chief – The Finance/Administration Section Chief is responsible for managing all financial aspects of incident. Not all incidents will require a Finance/Administration Section. Only when the involved agencies have a specific need for finance services will the Section be activated.

Major responsibilities of the Finance/Administration Section Chief are to:

- a. Manage all financial aspects of an incident.
- b. Provide financial and cost analysis information as requested.
- c. Ensure compensation and claims functions are being addressed relative to the incident.
- d. Gather pertinent information from briefings with responsible agencies.
- e. Develop an operating plan for the Finance/Administration Section; fill Section supply and support needs.
- f. Meet with assisting and cooperating agency representatives as needed.
- g. Maintain daily contact with agency administrative headquarters on finance matters.
- h. Ensure that all personnel and equipment time records are accurately completed and transmitted to home agency(s), according to policy.
- i. Provide financial input for demobilization planning.
- j. Ensure that all obligation documents initiated by the incident are properly prepared and completed.
- k. Brief agency administrative personnel on all incident-related financial issues needing attention or follow up.

10. Division Directors – Branch Directors (i.e. County Health Supervisors) are responsible for all functional operations within their jurisdictions. Branch

South Carolina Region 3 Medical Reserve Corps

ICC. Directors report to the Region 3 Operations Chief in the Region 3

Major responsibilities for the Division Directors are to:

- Region
- a. Identify and contact all available staff to include Environmental Health at the onset of an incident or upon activation of the 3 ICC.
 - b. Provide staff availability data to Operations and Planning Chiefs in Region 3 ICC.
 - c. Provide Region 3 Operations Chief with the appropriate Group members and Strike Teams as requested and/or available.
 - d. Maintain constant contact with Single Resource (Environmental Health Representative) at county EOC, create reports as needed and share pertinent information with Region 3 ICC directly and through Unified Medical Command.
- both

- Supervisors
11. Group Supervisors – Group Supervisors are divided by functional area of operation and are responsible for those operations. Group report to their Branch Directors.

Major responsibilities for Group Supervisors will be dictated by the functional area in which they are employed:

- a. Nursing
- b. Administrative Support
- c. Social Work
- d. DIS
- e. Vital Records
- f. Environmental Health
- g. Pharmacy
- h. Nutrition
- i. Health Education
- j. Laboratory

12. Unit Leaders – Unit Leaders have functional responsibility for a specific incident planning, logistics, or finance/administration activity. Unit Leaders report to their Division Director if function falls within Operations or Logistics or Chiefs if the function falls within the areas of Planning or Finance/Administration.

Major responsibilities for Unit Leaders will be dictated by the locality in which they are employed.

13. Strike Team Leaders – Strike Team Leaders will lead a group of similar disciplines with common communications to be deployed in the field.

Major responsibilities of Strike Teams Leaders will be dictated by the functional area in which they are deployed.

- a. Medical Reserve Corps. The MRC will act as a Strike Team within the Incident Command System.

C. Division of Responsibilities.

1. Federal: At the request of and in coordination with the Region, the State ESF-8 will coordinate with Federal ESF-8 to obtain federal assistance as required. The State ESF-8 annex is supported by the Federal Response Plan ESF-8, Health and Medical Services. That support is implemented by Federal Regional Health Administrators (RHA) with the U.S. Department of Health and Human Services being responsible for directing regional ESF-8 operations. ESF-8 representatives will deploy with the Advance Emergency Response Team (ERT-A) to the State Emergency Operations Center (SEOC) or other designated location.
2. Federal: Medical Care and Public Health and Sanitation
 - a) In any emergency or major disaster, federal agencies are authorized, on the directive of the President, to provide states and local governments with emergency equipment, facilities, personnel, and supplies including medicines and consumables for emergency assistance to disaster victims. These resources will be made available to local jurisdictions as soon as possible upon request.
 - b) National Disaster Medical System (NDMS) Disaster Medical Assistance Teams (DMAT)s will be activated and deployed as needed upon request. DMATs may be activated for provision of patient reception, patient staging, casualty clearing, or other medical care activities.
3. State/Regional:
 - a) The Governor, upon the request of local authority, proclaims a State of Emergency when resources at the requesting level are inadequate to cope with disaster effects. In a disaster of this magnitude, state government support will be furnished through the coordination of the State Emergency Response Team (SERT).

- b) SEOC notifies the DHEC Commissioner who in turn would notify the Director of Emergency Management of the Office of Public Health Preparedness that a State of Emergency has been declared. Following this notification, an alert and advisement is sent to the appropriate Central Office Personnel, Regional Public Health Directors and Regional Directors of Public Health Preparedness.
- c) SEOC establishes and maintains communication with the affected County Emergency Operations Center (EOC). According to the SC Emergency Operations Plan, a State of Emergency is proclaimed as the disaster escalates beyond local capabilities. In this situation, the affected DHEC Region would have activated its Emergency Operations Plan (EOP).
- d) The DHEC Regional EOP will be activated, when the Incident Commander of Region 3 determines that in his best judgment a disaster or emergency has occurred or has the potential for occurring, or when the County Emergency Operations Center has activated and requested the presence of the Region. The plan may also be activated at the request of the SEOC or the DHEC Central Office Emergency Operations Center or representatives of the Region 3 Unified Medical Command.
- e) Under a State of Emergency, DHEC assumes the major coordinating role in emergency health and medical services operations. The office of Public Health Preparedness, Director of Emergency Management serves to coordinate DHEC Regions and other organizational units in their overall disaster response activities and to coordinate these activities with the SERT.
- f) Each hospital will coordinate information sharing and resource requests through the DHEC Region 3 Unified Medical Command (UMC) to the respective county EOC. In the event that the respective county EOC is not activated or overburdened due to any type of limitation, resource requests will go through the Region 3 UMC directly to ESF-8 in the SEOC. The Metropolitan Medical Response System (MMRS) may be activated through the Unified Medical Command to provide immediate prophylaxis and/or treatment for first responders and other identified individuals prior to delivery of the SNS. Each hospital will collect disaster related information and submit that information to the DHEC Region 3 UMC to be compiled and forwarded to the SEOC. The Region 3 Public Health Director will be the primary Region 3 Unified Medical Commander for all public health emergencies.

4. Local:

- a) Upon the occurrence or imminence of a local disaster, the County Emergency Management Director will activate the local EOC and notify the County Health Supervisor (CHS) who in turn will notify the Region 3 Public Health Director/Incident Commander. The Incident Commander will notify Director of Public Health Preparedness who will then begin the Regional Notification process.
- b) The County Health Supervisor shall provide a Liaison Officer (LNO) at each activated County EOC. These representatives will monitor local disaster situations and report local public health issues/problems back to the CHS and then to the Regional ICC or to the Incident Commander.

V. PREPAREDNESS

A. Volunteer Recruitment and Selection.

1. Recruitment:

Volunteers must be recruited to fill vacancies in the SC Region 3 MRC organization structure. A recruiting program will be in place and include:

- a) Determination of positions to be filled and identification of required specialties.
- b) Identification of groups and organizations that may be a source of volunteers (e.g., retired medical professionals, retired military, lay people with a medical interest, others who are generally healthy and desire to work hard and help others in time of crisis).
- c) Development and implementation of recruiting events and activities
- d) Development of a recruiting and selection plan. This recruiting and selection plan may be modified by the SC Region 3 MRC Volunteer Coordinator as necessary.

2. Selection:

- a) Possession of specialized skills, experience, licenses and/or certifications. South Carolina Department of Health and Environmental Control will provide ongoing license verifications through ESAR-VHP (SCSERV).
- b) To the extent possible, recruiting efforts shall be coordinated with those of

other area volunteer agencies, especially those that utilize medical personnel (e.g., the American Red Cross).

B. Training and Exercises.

1. Training:

We encourage all active members of the SC Region 3 MRC, at a minimum, to be able to:

- a) Describe the procedures and steps necessary for the MRC member to protect health, safety, and the overall well-being of themselves, their families, the team, and the community.
- b) Document that the MRC member has an existing personal and family preparedness plan.
- c) Describe the chain of command (e.g., Emergency Management Systems, ICS, NIMS, Unified Medical Command), the integration of the MRC, and its application to a given incident.
- d) Describe the MRC role in public health and/or emergency response and its application to a given incident.
- e) Describe the MRC member communication role(s) and processes with response partners, media, general public, and others.
- f) Describe the impact of an event on the mental health of the MRC member, responders, and others.
- g) Demonstrate the MRC member ability to follow procedures for assignment, activation, reporting, and deactivation.
- h) Identify limits to own skills, knowledge, and abilities as they pertain to MRC role(s).

2. Exercises:

Exercises are methods of evaluating local and regional responses to emergency incidents. Exercises should be designed to assess the readiness and training level of responding personnel and organizations. Exercises should include organizations potentially affected by the type of scenario or response being exercised, i.e., agencies at all levels of government, businesses

and community organizations. The SC Region 3 Medical Reserve Corps shall periodically participate in four types of exercises:

- a) Tabletop exercises. These exercises involve a discussion and problem-solving session with agency personnel to determine if adequate policies, procedures, and resources exist to manage an emergency.
- b) Drills. Drills are usually “practice sessions” for specific skills, functions, or procedures. An example of a drill would be nurses or paramedics practicing intubations.
- c) Functional exercises. These exercises are designed to evaluate specific components of an emergency response. These exercises involve a simulated incident with agency personnel performing and managing various components of the event, and may occur in an emergency operations center or in the field.
- d) Full-scale exercises. These exercises are the most complex and are centered on the realistic scenario designed to evaluate response plans, methods, and procedures. Full-scale exercises involve an extensive planning process, actual deployment, and movement of personnel and equipment.

3. Training Records:

Individual records will be maintained by the SC Region 3 MRC Volunteer Coordinator. Training records must be updated to reflect the completion of individual and MRC training exercises, and deployment. Training of volunteers should be reported to the South Carolina Department of Health and Environmental Control Region 3 – Office of Public Health Preparedness, who will maintain a master copy of the records.

C. Uniforms and Equipment.

1. Uniforms:

SC Region 3 MRC personnel will be provided with a MRC vest when they report to an exercise or to the staging area when an incident occurs. The vest is important because it clearly identifies volunteers as official members of the South Carolina Region 3 Medical Reserve Corps. It enhances the spirit of the volunteers and facilitates a professional appearance. It also establishes a “visual link” between the MRC volunteers.

2. Identification Cards:

- a) SC Region 3 MRC volunteers will be issued official, photo-identification cards by regional personnel for use at the scene of an emergency. These Identification cards will:
 - i. Identify MRC volunteers as members of a recognized emergency medical response organization.
 - ii. Provide volunteers with access to the scene of an emergency as part of the regional emergency medical response system.
 - iii. Document the licenses, credentials and training of MRC volunteers, thereby facilitating their deployment and identification in an emergency.
- b) Identification cards will be issued to volunteers upon their completion of specific Medical Reserve Corps requirements by the SC Region 3 MRC Volunteer Coordinator.
- c) Identification cards remain the sole property of the SCDHEC Region 3 and shall be immediately returned to the SC Region 3 MRC Volunteer Coordinator upon volunteer resignation or termination.

3. Individual Equipment:

It is recommended that MRC members carry the following individual equipment items when deploying to support emergency medical operations (including deployment to hospitals or local public health agencies):

- a) Clothes, personal supplies, and medications for three days
- b) Bottled water – one case
- c) Leather work gloves
- d) Eye and ear protection
- e) Rain suit
- f) Flashlight and spare batteries
- g) Camp knife, can opener, or multi-tool
- h) Notepad, pen, and pencil
- i) Local MRC unit identification card, driver's license, money, and credit card
- j) Sunglasses/Sunscreen
- k) Insect repellent
- l) Over-the-counter medications such as chap stick, aspirin, and Tylenol
- m) Snacks

4. Professional Equipment:

In addition to the individual equipment listed above, SC Region 3 MRC volunteers occupying medical positions should consider carrying the following items, if necessary to accomplish their medical duties:

- a) Stethoscope
- b) Hemostat
- c) Sphygmomanometer (blood pressure cuff)
- d) Bandage scissors
- e) CPR mask (medical personnel only)
- f) Disposable exam gloves
- g) Waterless alcohol hand wash
- h) 4" X 6" gauze sponges (multiple)
- i) Band-aids (1 dozen)
- j) Moleskin
- k) 1" tape (2 rolls)

SC DHEC Region 3 has the ability to supplement the facility professional equipment through Unified Medical Command.

5. Medical Equipment:

SC DHEC Region 3 has thirteen trailers throughout the Region equipped with medical supplies to be used for surge and points of dispensing.

6. Pharmaceuticals:

- a) At the present time, the SC Region 3 MRC ~~unit~~ does not maintain its own cache of pharmaceuticals. Consequently, organizations requesting assistance from the MRC should be prepared to provide volunteers with the necessary pharmaceuticals.
- b) The Metropolitan Medical Response System (MMRS) may be activated through the Unified Medical Command to provide immediate prophylaxis and/or treatment for first responders, volunteers and other identified individuals prior to delivery of the SNS.
- c) If used, pharmaceuticals will be stored, managed, and accessed ONLY by a licensed professional in accordance with State and Federal laws and regulations pertaining to controlled substances.

D. MRC Meetings:

- 1. The SC Region 3 MRC shall conduct, at a minimum, quarterly meetings at a regionally centralized location.

2. Special meetings shall be held as called by the SC Region 3 MRC Volunteer Coordinator. The SC Region 3 MRC Volunteer Coordinator (or designee) shall preside over all meetings.
3. A minimum of seven days' notice will be required for all meetings.

E. Plan Review and Maintenance:

1. An operations plan will be reviewed at least annually by a committee assigned by the SC Region 3 MRC Volunteer Coordinator.
2. The operational procedures may be modified as a result of post-incident analyses and/or post-exercise critiques.
3. Proposed changes shall be submitted in writing to the SC Region 3 MRC Volunteer Coordinator.
4. Changes shall be published and distributed to all local organizations holding the SC Region 3 MRC Plan.
5. The SC Region 3 MRC Plan may also be modified anytime there are changes in the organization, responsibilities, procedures, protocols, laws, rules, or regulations affecting the management and operations of the MRC.
6. The SC Region 3 MRC must inform the South Carolina Department of Health and Environmental Control – Office of Public Health Preparedness and the local emergency management agency when changes to the plan or procedures occur or are imminent.
7. After approval by local MRC members, changes will be incorporated into the SC Region 3 MRC Plan and will be published and distributed to stakeholders.
8. It is the responsibility of each recipient of the Plan to post and record changes.

Attachment A:
South Carolina Region 3 MRC Acronyms

ACRONYMS

DEFINITION

| | |
|----------|--|
| AHEC | Area Health Education Center |
| ALS | Advance Life Support |
| BLS | Basic Life Support |
| CDC | Center for Disease Control and Prevention |
| CHS | County Health Supervisor |
| CRI | City Readiness Initiative |
| DHEC | Department of Health and Environmental Control |
| DMAT | Disaster Medical Assistance Team |
| EMT | Emergency Medical Team |
| EMS | Emergency Medical Services |
| EOC | Emergency Operations Center |
| ERT-A | Advance Emergency Response Team |
| ESAR-VHP | Emergency System for Advance Registration of Volunteer Health Professionals |
| ESF | Emergency Support Function |
| HAN | Health Alert Network |
| HRSA | Health Resources and Services Administration |
| ICC | Incident Command Center |
| ICS | Incident Command System |
| LNO | Liaison Officer |
| MMRS | Metropolitan Medical Response System |
| MRC | Medical Reserve Corps |
| NDMS | National Disaster Medical System |
| NIMS | National Incident Management System |
| PIO | Public Information Officer |
| POD | Point of Dispensing |
| RHA | Regional Health Administrator |
| SC | South Carolina |
| SCEMD | South Carolina Emergency Management Division |

| | |
|--------|---|
| SCSERV | South Carolina Statewide Emergency Registry of Volunteers |
| SEOC | State Emergency Operations Center |
| SERT | State Emergency Response Team |
| SLED | SC Law Enforcement Division |
| SOP | Standard Operating Procedure |
| SNS | Strategic National Stockpile |
| UMC | Unified Medical Command |

**Attachment B:
Liability Protection per SC DHEC Legal Council**

Introduction

Volunteers are provided liability protection through the South Carolina Department of Health and Environmental Control against cases of simple negligence; however volunteers are not covered by the SC State workers compensation system for injuries suffered during their volunteer period. Volunteers would have to rely on their own workers compensation or health insurance coverage to pay for volunteer-related injuries.

Definitions of Volunteers

The State authorizes State agencies to develop volunteer programs and accept the services of volunteers. See generally, S.C. Code Ann. §§ 8-25-10 to 50. The State also contains definitions of volunteers. “‘Volunteer’ shall mean any person who, of his own free will, provides goods or services, without any financial gain, to any agency, instrumentality or political subdivision of the State” S.C. Code Ann. § 8-25-10(a). “‘Regular-service volunteer’ shall mean any person engaged in specific voluntary service activities on an ongoing or continuous basis” S.C. Code Ann. § 8-25-10(b)). “‘Occasional-service volunteer’ shall mean any person who provides a one-time or occasional voluntary service” (S.C. Code Ann. § 8-25-10(c)).

Analysis of Civil Liability Protections

The South Carolina Department of Health and Environmental Control (DHEC) volunteers are amply protected from civil liability. However, the type of emergency declared impacts the statutes that provide civil liability coverage. If the commissioner declares a Public Health Emergency or if the governor declares a State of emergency, volunteers are covered by SC Torts Claims Act through the Governor Volunteer Act. If the governor declares a Public Health Emergency under the Emergency Health Powers Act, volunteers are covered by the SC Torts Claims Act through the Governors Volunteer Act and by provisions within Section 44-4-570 that extend liability protections to health professionals appointed under that section.

The State has specific volunteer definitions that are important to consider. A government volunteer is someone who provides goods or services to any agency without financial gain (Section 8-25-10(a)). The Governors Volunteer Act defines two types of volunteers: regular service, and occasional service (Section 8-25-10(b) and (c)). Volunteer Health Professionals appointed to serve during a State of Emergency or Public Health Emergency would qualify as occasional-service volunteers. Obviously, these volunteers would have to provide their services without any financial gain.¹

The Government Volunteer Act allows departments to provide liability insurance coverage to the same extent that it provides insurance to its employees. DHEC has included volunteers in its automobile liability policy, tort liability policy and professional liability policy. *The DHEC Volunteer Agreement States that “DHEC provides liability coverage to volunteers while they are exclusively acting on behalf of DHEC and within their scope as a volunteer with DHEC.”*

The local MRC Unit’s volunteers would have to sign a DHEC Volunteer Agreement to receive liability protection by DHEC during the time of deployment and service.

This coverage is provided in accordance with DHEC's automobile liability policy, tort liability policy and professional liability policy”

Further, the Government Volunteer Act provides that volunteers in State service enjoy the protection of sovereign immunity to the same extent as employees. Unless modified by statute, sovereign immunity precludes civil tort suits against the State and its employees. Pursuant to the Tort Claims Act, South Carolina has waived sovereign immunity.

However, South Carolina’s waiver of sovereign immunity has significant limitations, and the Tort Claims Act includes provisions that protect State volunteers from civil liability.

First, reading the Government Volunteer Act and the Tort Claims Act together, it is clear that State volunteers have the same liability protections enjoyed by State employees. “Volunteers in State service shall enjoy the protection of sovereign immunity of the State to the same extent as employees.” S.C. Code Ann. § 8-25-40(b). This section of the Government Volunteer Act explicitly applies the protections of the Tort Claims Act to State volunteers.²

The Tort Claims Act goes on to include within its definition of employee individuals who do not receive compensation. “[E]mployee means any officer, employee, or agent of the State . . . and persons acting on behalf or in service of a governmental entity in the scope of official duty including, but not limited to, technical experts whether with or without

¹ The GVA does not prohibit departments from providing any material support to volunteers. The Act allows agencies to provide travel reimbursements and meal allowances. See Section 8-25-40(a).

²

The DHEC Volunteer Agreement does not reference the GVA. The OPHP should consider modifying the agreement to include a reference to the GVA so that these protections clearly apply to DHEC VHPs. See Attachment A.

compensation” S.C. Code Ann. § 15-78-30(c). The Tort Claims Act does not require an individual to receive compensation to be within the “scope of official duty.” See S.C. Code Ann. 15-78-30(i).

The Tort Claims Act provides that State employees, including volunteers, are not liable for a tort committed while acting within the scope of his or her official duty. See S.C. Code Ann. § 15-78-40(a).

This protection does not extend to conduct that was not within the scope of the volunteer’s official duties, constituted actual fraud, actual malice, or intent to harm, nor was a crime involving moral turpitude. See S.C. Code Ann. § 15-78-40(b).

The Tort Claims Act also provides a mechanism by which a DHEC volunteer can be removed from a lawsuit altogether. If a DHEC volunteer is named as a party defendant in a tort-based lawsuit, the Department is substituted as the party defendant and the employee is no longer part of the suit. S.C. Code Ann. § 15-78-70(c).

If the Governor declares a Public Health Emergency, as defined in Section 44-4-130(P), DHEC volunteers would gain an additional liability protection provided by the Emergency Health Powers Act.

Any person who is appointed under Section 44-4-570 to assist during the response to a public health emergency who in good faith performs the assigned duties is not liable for any civil damages for any personal injury as the result of any act or omission. See S.C. Code Ann. § 44-4-570(D). This section would extend to acts or omissions amounting to gross negligence or willful or wanton misconduct.

At this time, out of State health care providers appointed under Section 570 are provided additional liability protection under Section 44-4-570(B)(3). This section covers civil damages as a result of medical care or treatment related to the emergency response. But, it does not cover damages that result from “providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of the patient.”

Regardless of the type of emergency declared in South Carolina, volunteers will be protected from civil liability under the South Carolina Tort Claims Act. If an Emergency Health Powers Act Public Health Emergency is declared, volunteers will have additional liability protections.

Attachment C:
Job Action Sheets

Clinic/POD Manager

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Will serve as the emergency clinic lead person and has ultimate responsibility for all clinic operations and inquiries. Will be responsible for making all clinic operational decisions, overseeing staff, and ensuring the clinic workflow is running efficiently.

Qualifications: Non-medical, good organizational skills and management experience, required training, required vaccine/prophylaxis.

Equipment: To be determined, roster of clinic staff volunteers.

Immediate Duties:

- ☐ Arrive at assigned site 2.5 hours prior to start time and check in.
- ☐ Read this entire Job Action Sheet.
- ☐ Review job tasks of all staff.
- ☐ Meet with staff and review roles 1-2 hours prior to start time.
- ☐ Review response plan with Security Staff and Greeter, in anticipation of any security problems.
- ☐ Confirm with Supply Manager at least 1.5 hours prior to start time that all equipment and supplies are on-site and facility is ready for use.
- ☐ Confirm at least 1 hour prior to start time that staffing is adequate.
- ☐ Provide access list (staff roster) to clinic Greeter.
- ☐ Maintain contact with clinic Public Information Liaison to refer all media inquiries.

Ongoing Duties:

- ❑ Develop/maintain a signature list of all medical screeners and vaccinators.
- ❑ Maintain contact with appropriate District Nursing Director in District EOC to update on clinic progress.
- ❑ Assign the Clinic Flow staff to the critical flow areas of the clinic operation and adjust as necessary.
- ❑ Deal with issues brought forth by other staff.
- ❑ Ensure all stations are equipped and ready for operation.
- ❑ Monitor clinic flow and identify/eliminate problem areas.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ❑ Refer media inquiries to Public Information Liaison.
- ❑ Respond to security concerns in coordination with Security staff as appropriate.

Extended Duties:

- ❑ Supervise final site clean-up.
- ❑ Check out with Supply Manager to assess supply needs
- ❑ Check with Security on the status of the facility security and ensure that prophylactic medicines and vaccines are securely stored.
- ❑ Check out with appropriate supervising authorities.

Participate in scheduled debriefing sessions

Greeter

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Greet clients and conduct initial orientation upon their arrival. Ensure that clients and volunteer staff entering the clinic are on the access list.

Qualifications: Non-licensed with some medical background preferred, public speaking and good communication skills, required training, required vaccine/prophylaxis.

Equipment:

- ☐ Roster of clinic staff.
- ☐ Roster/schedule of clients to receive treatment (if applicable).
- ☐ Flowchart of clinic operation.
- ☐ Pens.
- ☐ Clipboards.
- ☐ Watch/clock.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.

- ❑ Assist in setting up clinic operation.
- ❑ Secure a current list of clinic volunteer staff from Clinic Manager.
- ❑ Identify contact information of the clinic Public Information Liaison for media inquiries.
- ❑ Review response plans with security personnel and Clinic Manager in anticipation of any security problems.

Ongoing Duties:

- ❑ Ensure no one enters the clinic process that is not on the access list.
- ❑ Monitor the identification system – staff granted access to the emergency clinic will have appropriate identification badges (i.e. Health Agency ID, photo ID, etc.). All staff personnel will be wearing a green vest with ID appropriately placed on the vest.
- ❑ If someone arrives who is not on the access list and their entrance is questionable, notify the Clinic Manager.
- ❑ Direct all media inquiries to the Public Information Liaison assigned to the clinic.
- ❑ Orient clients to the clinic process using the flow chart. Explain how the clinic will flow, approximate time it will take (if known), and what clients can expect as they move from station to station.
- ❑ Inform clients of the resources available to assist them (i.e. language translation assistance, assistance for people with disabilities, mental health consultation, etc.) and alert appropriate clinic staff of any special needs clients have coming in, so that the necessary resources can be prepared.
- ❑ Direct clients to proceed to the Registration station.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.

Extended Duties:

- ❑ Clear and clean the greeting station at the conclusion of the clinic operation.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.

Participate in scheduled debriefing session

Registration

| |
|-----------------------------|
| Site: _____ |
| Position Assigned To: _____ |
| Job Shift(s): _____ |
| You Report To: _____ |

Mission: Provide appropriate forms to all patients entering the clinic. Assure completeness and accuracy of patient's screening/consent/declination documents prior to screening. Answer any forms questions.

Qualifications: Non-licensed with medical background or non-medical professionals, basic clerical and organizational skills, attention to detail, required training, required vaccine/prophylaxis.

Equipment: Pens, clipboards, registration forms.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Assist in setting up clinic operation.
- ☐ Ensure a sufficient number of clipboard packets are prepared and available.

Ongoing Duties:

- ☐ Provide client with a clipboard of materials; stress the importance of filling out forms completely and legibly.

- ❑ Review each person's documents for completeness and accuracy.
- ❑ Assist clients in completing documents.
- ❑ Be available to answer any forms questions as they arise; any medical questions should be referred to the Medical Screeners for clarification.
- ❑ When client completes registration, refer client to the Educator, or the appropriate waiting area.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.

Extended Duties:

- ❑ Re-pack supplies conveniently for next clinic and notify Supply Manager of supplies needed..
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.

Participate in scheduled debriefing session

Clinic/POD Flow

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Maintain steady flow of clients throughout clinic process.

Qualifications: Non-medical, able to stand and walk for extended periods, required training, required vaccine/prophylaxis.

Equipment: To be determined.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Obtain orientation.

Ongoing Duties:

- ☐ Assist clients in moving through each station of the clinic process.
- ☐ Notify clients to have forms ready and to ready themselves for injections (e.g., bare arms).
- ☐ Escort non-English speaking/reading clients from entrance to processing area. Notify appropriate persons of translation needs.
- ☐ Assists groups entering and leaving education area.
- ☐ Accompany non-urgent ambulatory clients needing to rest to “sick room.”
- ☐ Accompany clients who decline treatment to the forms collection station.
- ☐ Notify Security Staff of situations requiring security intervention.

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- ❑ Inform Clinic Manager of any bottlenecks that need to be eased.
- ❑ Assist Supply Manager in transporting supplies to work stations.
- ❑ Periodically check with staff at each clinic station for any supply needs or client assistance.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or escort such person(s) to the consultation area.

Extended Duties:

- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Educator

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Provide information to clients regarding the disease in question, and the prophylactic treatment clients will receive at the clinic. Ensure clients view educational video. Answer client questions.

Qualifications: Non-licensed with some medical background preferred, public speaking/training skills, good communication skills, required training, required vaccine/prophylaxis.

Equipment: Orientation script, prophylactic agent information forms, disease information forms, educational video, TV/VCR and projector, extension cord.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Obtain orientation and set up educational area.
- ☐ Stock education area with prophylactic agent information forms and disease information forms from supplies area.
- ☐ Ensure that video and equipment is set up and operational.

Ongoing Duties:

- ☐ For each group of clients, greet and provide basic information (verbally or with a video presentation) about the disease in question and the medication, vaccine, or biologic being dispensed or administered.
- ☐ Explain the clinic process; distribute disease information sheets and prophylactic information sheets.
- ☐ Explain how to complete forms (if needed).
- ☐ Answer questions.
- ☐ Explain what body site will be used for injections and request that clothing be prepped to bare this area at injection station.

- ❑ Discharge clients to Medical Screener station or designated waiting area.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or escort such person(s) to the consultation area.
- ❑ Request additional forms and other supplies from Supply Manager.

Extended Duties:

- ❑ Re-pack supplies conveniently for next clinic and notify Supply Manager of any supply needs.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Medical Screener

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Assesses clients for contraindications to prophylactic agents. For each clinic setting, someone will take the role of “Lead” Medical Screener. A public health physician will be “on call” from any final recommendations/decisions.

Qualifications: Licensed medical professional, required training, required vaccine/prophylaxis.

Equipment:

- ☐ Training toolkit notebook/educational material and forms.
- ☐ Private area.
- ☐ Table and 2 chairs.
- ☐ Pens.

Will have access to:

- ☐ Phone.
- ☐ HIV Testing/Counseling Sites Booklet.
- ☐ Physicians Desk Reference Book.
- ☐ Medical Dictionary.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Review screening form and familiarize self with contraindications, potential drug interactions, medication/vaccine/biologic side effects, and disease symptoms.
- ☐ Identify the Lead Medical Screener for the clinic.
- ☐ Assist in setting up the clinic operation and ensure appropriate supplies and documents are available to all screeners.

- ❑ Verify the physician “on call” and appropriate contact information.

Ongoing Duties:

- ❑ Review screening form for evidence of contraindication or potential drug interaction to first-line prophylactic agent and disease symptoms.
- ❑ Will assure that the Patient Medical History and Consent form is complete and questions asked in the medical history are clear to the client.
- ❑ Will verbally confirm each condition for both client and any close contacts.
- ❑ Will discuss the medical conditions that could make s/he ineligible to receive the prophylactic agent and determine if such conditions are present.
- ❑ Will confer with Lead Screener or physician “on call” if further consultation/evaluation regarding eligibility is needed.
- ❑ Will answer any medical questions concerning prophylaxis method and reactions.
- ❑ If no contraindications/interactions or disease symptoms, direct client to vaccination or dispensing waiting area.
- ❑ For non-English reading/speaking clients, contact interpreter and obtain information necessary to complete screening form.
- ❑ If client refuses recommended prophylactic agent, have client sign declination, sign as witness.
- ❑ Will ask the client to sign the consent form before proceeding to vaccination/dispensing station. ***(signature must be witnessed)***
- ❑ If patient opts out or is deferred, document this status and notify Clinic Flow staff to escort them to Forms Collection station.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ❑ Request additional forms and other supplies from Supply Manager.

Extended Duties:

- ❑ Prepare Medical Screening station for next clinic.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Supply Manager

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Will be responsible for the set up of clinic operations and ensure all necessary supplies/equipment are available prior to and during clinic operations.

Qualifications: Non-medical, good organizational skills, required training, required vaccine/prophylaxis.

Equipment: 2-way radio, cell phone, supply list.

Immediate Duties:

- ☐ Arrive at assigned site 2 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Familiarize self with site set-up, supplies needed at each workstation, and where supplies are kept.
- ☐ Obtain orientation regarding specific tasks and special instructions for prophylactic agent(s) being used.
- ☐ Assist with site set-up.
- ☐ Secure/replenish all necessary supplies and equipment.

Ongoing Duties:

- ☐ Periodically check all work stations, empty waste containers, and deliver needed supplies.
- ☐ Monitor supply inventory and notify Clinic Manager of items in short supply.
- ☐ Prepare request form for items needed.
- ☐ Make formal request to appropriate entity for needed supplies (e.g. District EOC, RSS Site, county EOC, etc.)

Extended Duties:

- ❑ Maintain the clinic supply list and ensure supplies are replenished.
- ❑ Ensure vaccines or medicines are secured and locked up.
- ❑ Assist with final site clean-up.
- ❑ Repack supplies conveniently for next clinic and replenish supplies.
- ❑ Check out with Clinic Manager.

Participate in scheduled debriefing sessions.

Vaccinator

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Administer vaccines and injected biologics, provide site care instructions, and answer questions.

Qualifications: Licensed medical professional, required training, required vaccine/prophylaxis.

Equipment:

- ☐ Dryvax vaccine.
 - ☐ Sterile needle for venting of vaccine vial.
 - ☐ Diluent and vented needle.
 - ☐ Sterile specimen container for vaccine stopper storage (1 per vaccination station).
 - ☐ Sterilized bifurcated needles.
 - ☐ Sharps container.
 - ☐ Biohazard trash container.
 - ☐ Non-latex gloves.
 - ☐ Waterless antiseptic handwash.
 - ☐ Antibacterial hand washing solution.
 - ☐ Hand lotion.
 - ☐ Gauze.
 - ☐ Hypoallergenic tape.
 - ☐ Take home dressing packet.
 - ☐ Blue pads.
 - ☐ Paper towels.
 - ☐ 1:10 Bleach solution in spray bottle.
 - ☐ Plastic table cover.
 - ☐ Sharpie permanent marker for dating vaccine bottle.
 - ☐ Pen.
 - ☐ Table and 3 chairs.
 - ☐ Cot.
- Will have access to:*
- ☐ Appropriate vaccine administration supplies.
 - ☐ Physician order and protocol for vaccine administration.

- ❑ Vaccine reconstitution protocol.
- ❑ Patient medical history and consent form.
- ❑ Post Vaccination and Follow-up Information Sheet.

Immediate Duties:

- ❑ Arrive at assigned site 1 hours prior to start time and check in with Clinic Manager.
- ❑ Read this entire Job Action Sheet.
- ❑ Set up vaccination station (site cleansing supplies, sharps container, vaccine/diluent, injection supplies, bandages, emergency supplies, lined wastebasket, pens, forms).
- ❑ Obtain orientation regarding specific tasks and special instructions for specific type of vaccine/biologic being used.
- ❑ Review printed/other materials on injection administration.

Ongoing Duties:

- ❑ Answer final client questions.
- ❑ Review screening and consent form to rule out contraindications.
- ❑ Check that client has signed consent form.
- ❑ Prepare vaccine/biologic and/or fill syringes, as needed.
- ❑ Administer vaccination and apply dressing to vaccination site.
- ❑ Provide instructions on care of site.
- ❑ Observe for immediate reactions/complications and respond; request Emergency Medical Staff assistance, as needed.
- ❑ Document product administered on client's form, including lot # and label.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ❑ Request additional forms and other supplies from Supply Manager.

Extended Duties:

- ❑ Reconstitute vaccine per protocol as needed.
- ❑ Repack supplies conveniently for next clinic.
- ❑ Clear and clean station area.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions

Vaccinator Assistant

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Assist the vaccinator with all aspects of pre- and post vaccination activities.

Qualifications: Licensed medical professional, non-licensed professionals with medical background, required training, required vaccine/prophylaxis.

Equipment:

- ☐ Separate table for clients' coats, purses, etc.
- ☐ Office supplies – Pens, notepad and post-it notes.
- ☐ Biohazard containers.
- ☐ Latex gloves.
- ☐ Waterless Antibacterial hand cleaner.
- ☐ Gauze.
- ☐ Hypoallergenic tape.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Assist in setting up vaccination station (site cleansing supplies, sharps container, vaccine/diluent, injection supplies, bandages, emergency supplies, lined wastebasket, pens, forms).
- ☐ Obtain orientation regarding specific tasks and special instructions for type of vaccine/biologic being used.
- ☐ Review printed/other materials on injection administration.

Ongoing Duties:

- ☐ Verify current vaccination information.
- ☐ Assist client to expose vaccination site.

- ❑ Prepare (cleanse) vaccination site, as indicated for particular vaccine/biologic.
- ❑ Record lot number of biologic/diluent on consent form and any other required forms.
- ❑ Provide client with documentation of injection (and for smallpox, reaction card).
- ❑ Monitor supplies and request as needed from Supply Manager.
- ❑ Properly clean and disinfect contaminated surfaces and dispose of contaminated items.
- ❑ Assist in preparing vaccine/biologic and/or filling syringes, as needed.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.

Extended Duties:

- ❑ Assist with final site clean-up.
- ❑ Repack supplies conveniently for next clinic and replenish supplies.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Medicine Dispenser

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Dispense medications to clients who do not have identified contraindications, and advise clients of the risk/benefit, dosage, expected reactions, and any adverse effects, and instructions for taking the medication.

Qualifications: Licensed medical professional, required training, required vaccine/prophylaxis.

Equipment: Pens, pre-packaged first-line antibiotics, labels, client information sheets.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Assist with set-up of dispensing stations.
- ☐ Familiarize self with contraindications, potential drug interactions, medication/vaccine/biologic side effects, disease symptoms, and appropriate dosages.

Ongoing Duties:

- ☐ Review screening form for evidence of contraindication or potential drug interaction to first-line prophylactic agent and disease symptoms.
- ☐ If no contraindications/interactions or disease symptoms, give client the information sheet and review risk/benefit, dosage, expected reactions, and adverse effects instructions.
- ☐ Check that client has signed consent form.
- ☐ Dispense appropriate medication (med. Dispensing syringe, if needed), document medication dispensation on form.

- ❑ Attach appropriate label with lot numbers on the client's form.
- ❑ Dispense appropriate dosages for each client and review instructions for taking the medication.
- ❑ If client refuses recommended prophylactic agent, have client sign declination, sign as witness.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ❑ Request additional medications, forms and other supplies from Supply Manager.

Extended Duties:

- ❑ Clean the dispensing station.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Medicine Preparer

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Divide and repackage medicines for dispensing to clients, track pharmaceutical lot numbers, and maintain dispensing station.

Qualifications: Licensed medical or non-licensed professionals with medical background, required training, required vaccine/prophylaxis.

Equipment: Pill counter, prescription bottles, label maker, pens, client information sheets.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Assist in setting up dispensing station (pens, dispensing forms, filled prescription bottles, lot # labels, client information sheets).
- ☐ Review printed/other materials on medicine dispensing.

Ongoing Duties:

- ☐ Repackage pills into appropriate dosages according to instructions (using pill counter and prescription bottles). This may not always be applicable.
- ☐ Create labels for bottles, including lot numbers and important information.
- ☐ Ensure labels with lot numbers are attached to both the prescription bottle and the client's paperwork when dispensed.
- ☐ Stock the dispensing stations with client information sheets on how to take the medication.
- ☐ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ☐ Request any needed supplies from Supply Manager.

Extended Duties:

- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
Participate in scheduled debriefing sessions.

Forms Collector

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Collect the Client Medical History, consent forms, and any other important documentation. Check to ensure all forms are complete and legible. Assist clients with form completion if necessary.

Qualifications: Non-medical, basic clerical skills/attention to detail, required training, required vaccine/prophylaxis.

Equipment: Pens, clipboards, form collection box, paperclips and other office supplies.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Assist in setting up clinic operations.

Ongoing Duties:

If the client comes to the Exit station opting out or is deferred:

- ☐ Keep the: Medical History form, Follow-up Information Sheet, and Adult Immunization Card and other documentation.
- ☐ All educational material can go with client.

If the client received the prophylactic treatment:

- ☐ Ensure all pages of the Patient Medical History and Consent Form are complete and legible.
- ☐ If anything is illegible or incomplete, assist the client with completing the form.
- ☐ Ensure lot numbers are entered on the appropriate documents.
- ☐ Ask the client if they have any remaining questions that need answering before leaving the clinic.

- ❑ Annotate departure time on the clinic checklist and retain for future reference.
- ❑ Collect the necessary documents for data entry.
- ❑ Direct the client to the exit.

Extended Duties:

- ❑ Re-pack supplies conveniently for next clinic and notify Supply Manager of any supply needs.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Interpreter

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Provide interpretation for non-English speaking clients throughout the clinic process.

Qualifications: Non-medical, proficiency in both English and another language for translation, required training, required vaccine/prophylaxis.

Equipment: Copies of all forms and educational materials in English, copies of forms and educational materials in other language if available, pens, clipboards, blank notepad, language dictionary if available.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Review and become familiar with all forms and educational materials to enable easier translation.
- ☐ Provide translation of forms and materials if possible.
- ☐ Maintain contact with Greeter, Registration, Educator staff and Clinic Manager, so they are aware of your availability to interpret.

Ongoing Duties:

- ☐ Requests for interpretation may come from Greeter, Registration staff, Educator or Clinic Manager.
- ☐ Greet the client, introduce yourself, and explain that you are there to provide interpretation to help them through the clinic process.
- ☐ Interpret all verbal instructions, questions, education, and written material.
- ☐ Provide assistance with forms. Clinic staff may need to verbally ask for the information on the form and write in the information given by the client.

- ❑ Accompany clients through each station of the clinic process.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ❑ Request additional forms and other supplies from Supply Manager.

Extended Duties:

- ❑ Re-pack supplies conveniently for next clinic and notify Supply Manager of any supply needs.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Behavioral Health Consultant

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Provide mental health consultation, referral and support to distressed, anxious and upset clients and/or clinic staff.

Qualifications: Licensed mental health professional, counseling experience, required training, required vaccine/prophylaxis.

Equipment: Pens, information handouts (such as resources on taking care emotionally, coping, stress), referral forms, client contact documentation forms.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Assist with set-up of consultation area.
- ☐ Request needed supplies from Supply Manager.

Ongoing Duties:

- ☐ Provide mental health support to clients or staff who are distressed, upset or anxious.
- ☐ Provide appropriate support, education, and therapeutic intervention as needed.
- ☐ Provide client resource information on stress, coping and emotional care.
- ☐ Refer clients to additional (outside) appropriate treatment as needed.
- ☐ Document any referrals on referral form.
- ☐ If client chooses to continue with the clinic process, have support staff escort the client through the rest of the process.
- ☐ If client declines further treatment, have support staff escort the client to the exit station.

- ❑ Document each client encounter on documentation forms for record-keeping purposes.
- ❑ When no clients are present at the consultation station, Consultation staff should “work the line” or go to areas between stations where clients are waiting and provide educational materials and do brief assessment for signs of distress, anxiety or other mental health issues. Address needs for consultation and support accordingly.

Extended Duties:

- ❑ Clean up and prepare consultation station for next clinic.
- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Security

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Ensure the emergency clinic site is safely secured and entrance is restricted to only:

- ☐ Clinic staff who are on the access list.
- ☐ Clients in need of treatment.

Qualifications: Non-medical with security or police background preferred, required training, required vaccine/prophylaxis.

Equipment: Radio communications.

Immediate Duties:

- ☐ Arrive at assigned site 2 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Obtain orientation.
- ☐ Make contact with local law enforcement and establish emergency protocols.
- ☐ Initiate a reconnaissance of the clinic facility during the clinic set-up for any compromising security issues.
- ☐ Review response plans with Greeter and Clinic Manager in anticipation of any security problems.

Ongoing Duties:

- ☐ Station one security officer at the clinic entrance and exit, and one inside the clinic.
- ☐ Clinic Greeter and the Clinic Manager will have an approved access list of all personnel.
- ☐ Unexpected persons seeking entrance into the clinic must be approved through the Clinic Manager.
- ☐ Inspect all packages or cases brought in by clients or staff.

- ❑ Monitor the identification system – staff granted access to the emergency clinic will have appropriate identification badges (i.e. Health Agency ID badges, photo ID, etc.). All staff personnel will be wearing a green vest with ID appropriately placed on the vest.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.

Extended Duties:

- ❑ Ensure the prophylactic medicines or vaccines are safely secured.
- ❑ Confirm status of the facility upon closure and note any damages or problems.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Data Entry Worker

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Enters the data provided in the patient medical history and consent form, and any other documentation as needed.

Qualifications: Non-medical, basic clerical and typing skills preferred, required training, required vaccine/prophylaxis.

Equipment:

- ☐ Laptops with AC adaptors.
- ☐ External keyboards.
- ☐ External mice.
- ☐ 50 ft. extension cord.
- ☐ Surge protector power strips.
- ☐ Extension cords.
- ☐ File box with folders identified for each participating facility.

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Assist in setting up clinic operation.

Ongoing Duties:

- ☐ Retrieve paperwork from the Forms Review station.
- ☐ Enter all patient data into computer.
- ☐ File paper copies according to facility.

Extended Duties:

- ❑ Assist with final site clean-up.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Emergency Medical Services

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Provide medical treatment to and transportation of patients who are symptomatic or who have any other medical emergency to the nearest hospital or designated off-site facility.

Qualifications: Licensed EMS and/or Rescue Squad, required training, required vaccine/prophylaxis.

Equipment: Ambulance and associated equipment, Personal Protective Equipment (PPE).

Immediate Duties:

- ☐ Arrive at assigned site 2 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Obtain orientation.
- ☐ Make contact with local hospital and/or off-site facility and establish emergency protocols.
- ☐ Review response plans with Greeter and Clinic Manager in anticipation of any persons who may present at the clinic.
- ☐ Familiarize self with contraindications, potential drug interactions, medication/vaccine/biologic side effects, disease symptoms, and appropriate dosages.

Ongoing Duties:

- ☐ Stage at least one ambulance at the clinic.
- ☐ Monitor triage in parking area and at entrance of clinic to prevent those who are symptomatic from entering the clinic.
- ☐ Transport symptomatic patients who cannot transport themselves to the nearest hospital or designated off-site facility.

- ❑ Transport patients with any other medical emergencies (not related to the event) to the nearest hospital.
- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.

Extended Duties:

- ❑ Ensure decontamination of ambulance, PPE, and equipment.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Traffic Control

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Ensure steady and problem-free traffic flow of vehicles into and out of the clinic parking area. Perform basic initial triage of persons by interviewing people from their cars on the way into the parking area.

Qualifications: Non-licensed volunteers, required training, required vaccine/prophylaxis.

Equipment: Radios, flashlights, list of interview questions for triage, traffic control
Vests, Personal Protective Equipment (PPE).

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with Clinic Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Make contact with Security and Greeter and establish emergency protocols.
- ☐ Review response plans with Security, Greeter and Clinic Manager in anticipation of any persons who may present at the clinic.
- ☐ Receive interview cards from Greeter.
- ☐ Familiarize self with contraindications, potential drug interactions, medication/vaccine/biologic side effects, disease symptoms, and appropriate dosages.

Ongoing Duties:

- ☐ Maintain use of proper PPE at all times.
- ☐ Interview persons coming into the clinic parking area, while they are still in their cars.
- ☐ If there is no one in the car who is symptomatic or who has potentially been exposed, direct the person(s) on where to park and give instructions on how and where to get in line for clinic services.
- ☐ If there is even one person in the car who is symptomatic or has potentially been exposed, direct that vehicle with all persons still inside to the nearest hospital or designated off-site facility. **People who are symptomatic or potentially exposed may not enter the clinic.**
- ☐ Direct traffic out of the parking area, when people have completed clinic services.

South Carolina Region 3 Medical Reserve Corps

- ❑ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ❑ Request assistance from Security as needed.

Extended Duties:

- ❑ Ensure decontamination of PPE, and equipment.
- ❑ Check out with Clinic Manager.
- ❑ Participate in scheduled debriefing sessions.

Maintenance

South Carolina Region 3 Medical Reserve Corps

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Maintain and secure appropriate physical facility to support distribution and/ or dispensing requirements for mass prophylaxis.

Qualifications: Non-licensed facility staff, volunteers, required training, required vaccine/ prophylaxis.

Equipment: Radios, flashlights, Basic maintenance tools, vests, Personal Protective Equipment (PPE).

Immediate Duties:

- ☐ Arrive at assigned site 1.5 hours prior to start time and check in with POD Manager.
- ☐ Read this entire Job Action Sheet.
- ☐ Receive orientation.
- ☐ Make contact with Security and Greeter and establish emergency protocols.
- ☐ Review response plans with Security.
- ☐ Determine potential needs such as heat, electrical, furniture, fans, lighting, parking, delivery access and other physical plant issues.

Ongoing Duties:

- ☐ Maintain use of proper PPE at all times.
- ☐ Document all information and actions.
- ☐ Prepare end of shift report and present to POD Manager.
- ☐ Alert a psychosocial team member of any distressed, upset and anxious clients or refer person(s) to the consultation area.
- ☐ Request assistance from Security as needed.

Extended Duties:

- ☐ Ensure decontamination of PPE and equipment.

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- Check out with POD manager.
- Participate in scheduled debriefing session.

Communications/ Information Technology

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Organize and coordinate IT support asset support to ensure functioning of internal and external communications and data-related equipment. Assess and distribute available communication equipment.

Qualifications: Familiar with mass dispensing operations, Communication/ IT software and technical knowledge, required training mass dispensing vaccine/ prophylaxis.

Equipment: Computers, equipment, software, cell phone, contact numbers, radio/blackberry communications, Vest/ ID Badge.

Immediate Duties:

- ❑ Receive briefing from Agency Incident Commander.
- ❑ Read this entire Job Action Sheet and review organizational chart.
- ❑ Establish Communication Center in Region 3 Emergency Operation Center.
- ❑ Assess current statue and inventory the internal and external communication resources (telephone, internet, blackberries, fax machines, beepers, wireless laptops, radios, ISDN lines for video conferencing).
- ❑ Establish or maintain system for receiving communication from external agencies.

Ongoing Duties:

- ❑ Maintain a log of all communication requests and forward new requests to Logistics Chief.
- ❑ Immediately report to Logistics Section Chief issues that can not be resolved with current resources.
- ❑ Ensure Section Leads have your contact information.
- ❑ Ensure all staff follow health and safety procedures.
- ❑ Ensure incident/injury reports are written/ documented correctly.
- ❑ Provide ongoing reports to Command Staff.

Extended Duties:

- Brief Logistics Chief about status of computers, communication requirements and prepare reports for oncoming unit leader.
- Document actions and decisions in Activity Log.
- Observe staff for signs of stress. Report issues to Logistics Chief.
- Plan for possibility of extended deployment.

Safety Officer

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: Ensure safety of Distribution and POD staff and clients. Assess the operation and develop and recommended measures for assuring health personnel and client safety. Instruct staff on safety procedures, and implement safety measures as needed. Has the authority to cease operations at any time due to safety concerns.

Qualifications: Familiar with POD operations and safety procedures, required training in safety and security and vaccine prophylaxis.

Equipment: Cell phone and contact numbers, Computer/ radio/ fax/ blackberry communications, Vest/ ID Badge.

Immediate Duties:

- ☐ Receive appointment from Agency Incident Commander.
- ☐ Read this entire Job Action Sheet and review organizational chart.
- ☐ Receive briefing from Agency Incident Commander.
- ☐ Establish Safety Command Post in Region 3 Unified Medical Command.
- ☐ Develop safety messages.

Ongoing Duties:

- ☐ Exercise emergency authority to stop and prevent unsafe acts.
- ☐ Keep staff alert to the safety incident needs.
- ☐ Document actions and decisions in Activity Log.
- ☐ Ensure Section Leads have your contact information.
- ☐ Ensure all staff follow health and safety procedures.
- ☐ Ensure incident/ injury reports are written/ documented correctly.
- ☐ Provide ongoing reports to Command Staff.

Extended Duties:

- ❑ Observe staff for signs of stress. Report issues to Incident Commander.
- ❑ Participate in scheduled debriefing session.

Inventory Lead

Site: _____

Position Assigned To: _____

Job Shift(s): _____

You Report To: _____

Mission: To be responsible for managing supply inventory, including delivery of necessary supplies to POD sites upon request.

Qualifications: Non medical person(s) with good organizational skills, required inventory tracking, training, and vaccination/ prophylaxis.

Equipment: Computers, inventory tracking software, cell phone, contact numbers, radio/ fax/ blackberry communications, Vest/ ID Badge, pens, pencils, supply list/ forms, supply flowcharts, roster/schedule of designated leaders.

Immediate Duties:

- ❑ Arrive at assigned site 2.0 hours prior to start time and check in with Distribution/ POD Manager.
- ❑ Receive orientation.
- ❑ Read this entire Job Action Sheet and review organizational chart.
- ❑ Assist with site setup.
- ❑ Secure/ replenish all necessary supplies and equipment.

Ongoing Duties:

- ❑ Maintain communications with distribution stations.
- ❑ Monitor supply inventory and order items in short supply.
- ❑ Provide ongoing reports.

Extended Duties:

- Maintain official POD supply list.
- Ensure vaccines/ medications and supplies are secure and locked up.
- Perform final inventory counts and repack unused supplies.
- Check out with Supply Leader.
- Identify issues for After Action Reports.

Participate in scheduled debriefing

Attachment D:
Volunteer Agreement

